

Adopted	Rejected
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COMMITTEE REPORT

YES:	8
NO:	4

MR. SPEAKER:

*Your Committee on Insurance, Corporations and Small Business, to which was referred Senate Bill 294, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill **be amended** as follows:*

- 1 Page 4, line 19, delete "(h) (h)" and insert "~~(h)~~ (g)".
- 2 Page 4, line 20, delete "(i) (i)" and insert "~~(i)~~ (h)".
- 3 Page 6, line 31, before "As" insert "(a)".
- 4 Page 6, between lines 35 and 36, begin a new paragraph and
- 5 insert:
- 6 **"(b) "Accident and sickness insurance policy" does not include**
- 7 **accident only, credit, dental, vision, Medicare supplement,**
- 8 **long-term care, or disability income insurance."**
- 9 Page 7, between lines 29 and 30, begin a new paragraph and
- 10 insert:
- 11 "SECTION 5. IC 27-8-27 IS ADDED TO THE INDIANA CODE
- 12 AS A **NEW** CHAPTER TO READ AS FOLLOWS [EFFECTIVE
- 13 JULY 1, 1998]:
- 14 **Chapter 27. Group Policy Coverage for Infertility Treatment**
- 15 **Sec. 1. (a) As used in this chapter, "policy of accident and**
- 16 **sickness insurance" means a policy or contract that:**

- (1) provides at least one (1) of the kinds of insurance described in Class 1(b) or Class 2(a) of IC 27-1-5-1; and
- (2) is written on a group basis.

(b) The term does not include the following:

- (1) Accident only, credit, dental, vision, Medicare supplement, long term care, or disability income insurance.
- (2) Coverage issued as a supplement to liability insurance.
- (3) Automobile medical payment insurance.
- (4) A specified disease policy.
- (5) A limited benefit health insurance policy.
- (6) A short term insurance plan that:
 - (A) may not be renewed; and
 - (B) has a duration of not more than six (6) months.
- (7) A policy that provides a stipulated daily, weekly, or monthly payment to an insured during hospital confinement, without regard to the actual expense of the confinement.
- (8) Worker's compensation or similar insurance.
- (9) A student health insurance policy.

Sec. 2. (a) Except as provided in subsection (b), a policy of accident and sickness insurance that provides pregnancy related benefits may not be issued, delivered, amended, or renewed in Indiana unless the insurer issuing the policy offers coverage for the diagnosis and treatment of infertility.

(b) This chapter does not require coverage for the diagnosis and treatment of infertility in a policy of accident and sickness insurance that is issued to:

- (1) a religious institution or organization; or
- (2) an entity sponsored by a religious institution or organization;

that finds the procedures in section 3 of this chapter incompatible with its religious and moral teachings and beliefs.

Sec. 3. Subject to section 4 of this chapter, the coverage for the diagnosis and treatment of infertility that must be offered with a policy of accident and sickness insurance under this chapter includes the following procedures:

- (1) In vitro fertilization.
- (2) Uterine embryo lavage.
- (3) Embryo transfer.

(4) Artificial insemination.

(5) Gamete intrafallopian tube transfer.

(6) Zygote intrafallopian tube transfer.

(7) Low tubal ovum transfer.

Sec. 4. (a) If an offer described in section 3 of this chapter has been accepted, an insurer is required under this chapter to cover procedures for in vitro fertilization, gamete intrafallopian tube transfer, or zygote intrafallopian tube transfer for an insured individual only if:

(1) the individual has not been able to attain or sustain a successful pregnancy through reasonable, less costly, medically appropriate infertility treatments for which coverage is available under the policy;

(2) the individual has undergone not more than three (3) oocyte retrievals, except as provided in subsection (b); and

(3) the procedures for in vitro fertilization, gamete intrafallopian tube transfer, or zygote intrafallopian tube transfer are performed at medical facilities that conform to the:

(A) guidelines of the American College of Obstetricians and Gynecologists for in vitro fertilization clinics; or

(B) minimal standards of the American Fertility Society for programs of in vitro fertilization.

(b) Subsection (a)(2) does not relieve an insurer of the obligation to cover an individual who has accepted the offer of coverage described in section 3 of this chapter and has undergone at least four (4) oocyte retrievals if the individual, since giving birth to a living child, has had less than two (2) oocyte retrievals."

Page 9, between lines 9 and 10, begin a new paragraph and insert:

"SECTION 8. IC 27-13-7-17 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1998]: **Sec. 17. (a) Except as provided in subsection (b), a group contract that provides pregnancy related benefits may not be entered into, delivered, amended, or renewed in Indiana unless the health maintenance organization issuing the group contract offers coverage for the diagnosis and treatment of infertility.**

(b) This chapter does not require coverage for the diagnosis

and treatment of infertility in a group contract that is entered into with:

- (1) a religious institution or organization; or
- (2) an entity sponsored by a religious institution or organization;

that finds the procedures in subsection (c) incompatible with its religious and moral teachings and beliefs.

(c) Subject to subsection (d), the coverage for the diagnosis and treatment of infertility that must be offered with a group contract under this section includes the following procedures as in-plan covered services or out-of-plan covered services:

- (1) In vitro fertilization.
- (2) Uterine embryo lavage.
- (3) Embryo transfer.
- (4) Artificial insemination.
- (5) Gamete intrafallopian tube transfer.
- (6) Zygote intrafallopian tube transfer.
- (7) Low tubal ovum transfer.

(d) If an offer described in subsection (c) has been accepted, a health maintenance organization is required under this section to cover procedures for in vitro fertilization, gamete intrafallopian tube transfer, or zygote intrafallopian tube transfer for an enrollee only if:

- (1) the enrollee has not been able to attain or sustain a successful pregnancy through reasonable, less costly, medically appropriate infertility treatments that are in-plan covered services available under the group contract;
- (2) the enrollee has undergone not more than three (3) oocyte retrievals, except as provided in subsection (e); and
- (3) the procedures for in vitro fertilization, gamete intrafallopian tube transfer, or zygote intrafallopian tube transfer are performed at medical facilities that conform to the:

- (A) guidelines of the American College of Obstetricians and Gynecologists for in vitro fertilization; or
- (B) minimal standards of the American Fertility Society for programs of in vitro fertilization.

(e) Subsection (d)(2) does not relieve a health maintenance

1 **organization of the obligation to cover an individual who has**
2 **accepted the offer of coverage described in subsection (c) and has**
3 **undergone at least four (4) oocyte retrievals if the individual, since**
4 **giving birth to a living child, has had less than two (2) oocyte**
5 **retrievals."**

6 Page 9, line 17, after "delivered" insert ",."

7 Renumber all SECTIONS consecutively.

(Reference is to SB 294 as reprinted January 30, 1998.)

and when so amended that said bill do pass.

Representative Fry